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## **Table of Contents**

**State/Territory Name: North Dakota**

**State Plan Amendment (SPA) #: ND-13-014**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, Maryland 21244-1850



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DEC 05 2013

Ms. Julie Schwab, Director  
Division of Medical Services  
Department of Human Services  
600 East Boulevard Avenue  
Department 325  
Bismarck, ND 58505-0250

Re: North Dakota 13-014

Dear Ms. Schwab:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 13-014. Effective for services on or after July 1, 2013, this amendment updates the reimbursement methodology for Intermediate Care Facilities by providing for a three percent inflationary increase.



We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. We are pleased to inform you that Medicaid State plan amendment TN 13-014 is approved effective July 1, 2013. The HCFA-179 and the amended plan page are attached.

If you have any questions, please contact Christine Storey at (303) 844-7044.

Sincerely,

A large black rectangular redaction box covers the signature area of the letter.

Cindy Mann  
Director

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>13 - 014</b>	2. STATE <b>North Dakota</b>
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: <b>TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <b>July 1, 2013</b>	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: <b>42 CFR 447.204</b>		7. FEDERAL BUDGET IMPACT: a. FFY <u>2013</u> \$ <u>295,640</u> b. FFY <u>2014</u> \$ <u>1,139,688</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <b>Attachment 4.19-D, Subsection 2, page A</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <b>Attachment 4.19-D, page A</b>	
10. SUBJECT OF AMENDMENT: <b>Amends the State Plan to identify an increase for ICF services for July 1, 2013</b>			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <u>Maggie D. Anderson, Director,</u> <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <u>Department of Human Services</u>			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: <b>Maggie D. Anderson, Executive Director ND Department of Human Services 600 East Boulevard Avenue Dept 325 Bismarck ND 58505-0250</b>	
13. TYPED NAME: <b>DD</b> <b>Maggie D. Anderson</b>			
14. TITLE: <b>Executive Director, ND Dept. of Human Services</b>			
15. DATE SUBMITTED: <b>September 20, 2013</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:		18. DATE APPROVED: <b>DEC 05 2013</b>	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>11-01-2013</b>		20. SIGNATURE: 	
21. TY:		22. TITLE: <b>Deputy Director, Policy &amp; Finance / Mgt. IACS</b>	
23. REMARKS:			

State of North Dakota

Attachment 4.19-D  
Subsection 2  
Page A

**Provider Inflationary Increases**

As set forth in Attachment 4.19-D. Subsection 2, Page A-3; ("Greensheet" Adjustments), Payments to Intermediate Care Facility Providers will be inflated by three percent, effective for dates of service July 1, 2013.

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TN No. 13-014  
Supersedes  
TN No. 11-022

Approval Date: DEC 05 2013

Effective Date: 07-01-2013